

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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41		1				
42		1				
43		1				
44		1				
45		1				
46		3				
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	46					
TOTAL CLAIMS	50					

  

	IND		DEP		IND		DEP		IND		DEP	
51												
52												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												